



THE KENTUCKY BOARD OF LICENSURE,
FOR NURSING HOME ADMINISTRATORS

Post Office Box 1360 Frankfort, Kentucky 40602

Telephone (502) 564-3296

ENDORSEMENT FORM

APPLICANT INSTRUCTIONS: Complete the top section and forward to each state(s) in which you hold or have ever held a license. You may make as many copies as you need.

NAME: _____ LICENSE NUMBER: _____

ADDRESS: _____

SOCIAL SECURITY No.: ____ - ____ - ____ SIGNATURE _____

TO BE COMPLETED BY STAFF, LICENSURE, AGENCY

1. Was your state the state of the applicant's original license? Yes _____ No _____
If no, what state? _____
2. Did the applicant take a written examination for licensure? Yes _____ No _____
If yes, which examination? _____
Examination Series No.: _____ Total Raw Score: _____
3. Is the applicant's license current and in good standing? Yes _____ No _____
4. Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes _____ No _____
5. According to your records, has the applicant ever been disciplined by your Board or other state agency? Yes _____ No _____ If yes, please explain on a separate page.

Seal

Authorized Signature

Title

State

Date

